# Washington, DC

FORM D

# UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

## FORM D

NOTICE OF SALE OF SECURITIES
PURSUANT TO REGULATION D,
SECTION 4(6), AND/OR
UNIFORM LIMITED OFFERING EXEMPTION

OMB APPROVAL
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OMB Number: 3235-0076

5 (4dinber, 5255-007)

Expires: April 30, 2008

Estimated average burden hours per response.................. 1

SEC USE ONLY
Prefix Serial
DATE RECEIVED

Name of Offering (□ check if		e has changed, and	indicate change.)		
Series D Preferred Stock Fina					
Filing Under (Check box(es) the	at apply): 🗆 Rule 504 🔲 R	ule 505 💻 Rule 50	6 ☐ Section 4(6)	☐ ULOE	
Type of Filing: ■ New Filing	<del></del>	WO IN SUMISION	NO. D. (T.)		
		IC IDENTIFICAT	ION DATA		
1. Enter the information reques	ted about the issuer				- 08049620
Name of Issuer (  check if th	is is an amendment and name l	has changed, and in-	licate change.)		00049020
Quickfilter Technologies, Inc.					
Address of Executive Offices	(Numb	er and Street, City,	State, Zip Code)	Telepho	one Number (Including Area Code)
1024 S. Greenville Avenue, Su				214-547	7-0512
Address of Principal Business C	perations (Number	er and Street, City,	State, Zip Code)	Telepho	one Number (Including Area Code)
(if different from Executive Off	ices)	-	•	l l	•
Brief Description of Business					DDOOD
Software and Integrated Circu	uits				PROCESSED
Type of Business Organization					1
■ corporation	☐ limited partnership, alread	y formed	other (please sp	ecify): 🔏	MAY 082008
☐ business trust	☐ limited partnership, to be	formed	'	· /	···/ 11 0 2000
Actual or Estimated Date of Inc	orporation or Organization:	Month 9	Year 0 3	■ Actual	THOMSON REUTERS
Jurisdiction of Incorporation or	- ·	r U.S. Postal Servic da; FN for other for		ate:	

#### **GENERAL INSTRUCTIONS**

#### Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

#### State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

#### ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

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2. Enter the information rec	quested for the fo	llowing:			
<ul> <li>Each promoter of</li> </ul>	the issuer, if the i	issuer has been organize	d within the past five ye	ears;	
		ower to vote or dispose.	, or direct the vote or dis	sposition of, 10%	or more of a class of equity
2. Enter the information requested for the following:  Each permoter of the issuer, if the issuer has been organized within the past five years;  Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer;  Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and  Each general and managing partner of partnership issuers.  Check Box(es) that Apply					
• Each general and	managing partner	of partnership issuers.			
Check Box(es) that Apply	☐ Promoter	■ Beneficial Owner	■ Executive Officer	■ Director	
	if individual)				
	•	• •	Code)		
Check Box(es) that Apply	☐ Promoter	■ Beneficial Owner	■ Executive Officer	■ Director	
	if individual)				
	•		Code)		
Check Box(es) that Apply	☐ Promoter	■ Beneficial Owner	☐ Executive Officer	☐ Director	
	if individual)				
		d Street, City, State, Zip	Code)		
Check Box(es) that Apply	☐ Promoter	■ Beneficial Owner	☐ Executive Officer	■ Director	
·	if individual)			***************************************	
			Code)		
Check Box(es) that Apply	☐ Promoter	☐ Beneficial Owner	■ Executive Officer	☐ Director	
	if individual)				
			Code)		
Check Box(es) that Apply	☐ Promoter	■ Beneficial Owner	■ Executive Officer	■ Director	☐ General and/or Managing Partner
Full Name (Last name first, Kenny, James	if individual)				
Business or Residence Addi 1024 S. Greenville Avenue	•		Code)		

, A. BASIC IDENTIFICATION DATA

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

#### A. BASIC IDENTIFICATION DATA

- 2. Enter the information requested for the following:
  - Each promoter of the issuer, if the issuer has been organized within the past five years;
  - Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer;
  - Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and
  - Each general and managing partner of partnership issuers.

Each general and		or parmership issuers.			
Check Box(es) that Apply	☐ Promoter	■ Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or Managing Partner
Full Name (Last name first, Argonaut 10 LLC	if individual)		<del>-</del>		
Business or Residence Add 1 Joy Street, Boston, MA	,	d Street, City, State, Zip	Code)		
Check Box(es) that Apply	☐ Promoter	■ Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or Managing Partner
Full Name (Last name first, Thomasson, Samuel L	if individual)				
Business or Residence Addi 1038 E. Hearne Way, Gilb		d Street, City, State, Zip	Code)		
Check Box(es) that Apply	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	□Director	☐ General and/or Managing Partner
Full Name (Last name first,	if individual)				
Check Box(es) that Apply	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	□Director	☐ General and/or Managing Partner
Full Name (Last name first,	if individual)		<del></del>		
Business or Residence Addr	ress (Number and	d Street, City, State, Zip	Code)		
Check Box(es) that Apply	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	Director	☐ General and/or Managing Partner
Full Name (Last name first,	if individual)				
Business or Residence Addr	ess (Number and	d Street, City, State, Zip	Code)		
Check Box(es) that Apply	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or Managing Partner
Full Name (Last name first,	if individual)				
Business or Residence Addr	ess (Number and	d Street, City, State, Zip	Code)	<del></del>	
Check Box(es) that Apply	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or Managing Partner
Full Name (Last name first,	if individual)				
Business or Residence Addr	ess (Number and	d Street, City, State, Zip	Code)		
	(Use blank	sheet or copy and use ad	ditional copies of this sh	eet as necessary )	·

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					В. Т	NFORM	ATION A	BOUT C	FFERIN	G				
														<u>No</u>
l.	Has the is:	suer sold		the issuer er also in A						offering?	*************			•
2.	What is th	ne minim			• •								<b>S</b>	
						•	•						Yes	No
3.	Does the o	offering p	ermit joi	nt owners	hip of a si	ngle unit?	************						•	
4.	or similar listed is a	remune n associa ker or de	ration for ted perso caler. If t	solicitation n or agent more than	on of purc of a brok five (5) p	hasers in er or deal ersons to	connectio er register	n with sal red with th	es of secu ne SEC an	rities in t d/or with	he offerin a state or	tly, any commission g. If a person to be states, list the name or dealer, you may		
Full Na	me (Last r	ame first	, if individ	łual)				_						
Busines	ss or Resid	ence Add	lress (Nun	nber and S	treet, City,	, State, Zip	Code)							
Name c	of Associat	ed Broke	r or Deale	r	· <u>-</u>			v. <u>-</u>	<u> </u>		<u></u>			
States in	n Which P	erson Lis	ted Has Se	olicited or	Intends to	Solicit Pu	rchasers							
(Che	ck "All St	ates" or c	heck indiv	/idual State	es)							******************************	□ All S	States
(AL)		[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]		
(IL) [MT]	(IN)   [NE]	[IA] [NV]	(KS) [NH]	[KY] [NJ]	[LA] [NM]	(ME) (NY)	[MD] [NC]	(MA) [ND]	(MI) [OH]	(MN) [OK]	(MS) [OR]	[MO] [PA]		
[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[wv]	[WI]	[WY]	[PR]		
Full Na	me (Last n	ame first	, if individ	lual)								H		
Busines	s or Resid	ence Add	ress (Nun	nber and S	treet, City,	State, Zip	Code)	<u></u>	<u></u>					
Name o	f Associat	ed Broke	r or Deale	<u></u> -								<u></u> .		
States in	which P	erson Lis	ted Has Se	olicited or	Intends to	Solicit Pu	rchasers							
(Che	ck "All Sta	ates" or c	neck indiv	ridual State	:s)							.,,,,,,	□ Ail !	States
(AL)		[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[iD]		
(IL) [MT]	(IL) [NE]	[IA] [NV]	[KS] [NH]	[KY] [NJ]	[LA] [NM]	[ME] [NY]	[MD] [NC]	[MA] [ND]	[MI] [OH]	[MN] [OK]	[MS] [OR]	[MO] [PA]		
[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	(WV)	[OK]	[WY]	[PR]		
Full Na	me (Last n	ame first.	if individ	lual)										
Busines	s or Resid	ence Add	ress (Nun	ber and S	treet, City,	State, Zip	Code)	· <u> </u>			<u> </u>			
Name o	f Associate	ed Broker	or Deale	<del></del> _								<del></del>		
States in	Which Po	erson List	ed Has So	olicited or	Intends to	Solicit Pu	rchasers							
(Che	ck "All Sta	ites" or cl	neck indiv	ridual State	es)			·····	****				⊐ All 5	States
[AL]		[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]		
[IL] [MT]		[IA] [NV]	[KS] [NH]	[KY] [NJ]	[LA] [NM]	[ME] [NY]	[MD] [NC]	[MA] [ND]	[MI] [OH]	[MN] {OK}	[MS] [OR]	[MO] [PA]		
[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	(WI)	[WY]	[PR]		

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)
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	C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE O	)F P	ROCEEDS		
1.	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box TM and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.				
	Type of Security	0	Aggregate  ffering Price		Amount Already Sold
	Debt	\$		_ :	\$
	Equity	\$	1,524,884.0	0	\$ <u>1,524,884.0</u>
	☐ Common ■ Preferred				
	Convertible Securities (including warrants)	\$		_ :	\$
	Partnership Interests	\$		_	\$
	Other (Specify)	\$			\$
	Total				\$
	Answer also in Appendix, Column 3, if filing under ULOE.	*		- `	<b>~</b>
	Allower district Appendix, Coldain St. It thing dides Coop.				
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."				
	•		Number Investors		Aggregate Dollar Amount of Purchases
	Accredited Investors		19	_ !	S 1,524,884.0
	Non-accredited Investors			_ !	s
	Total (for filings under Rule 504 only)				s
	Answer also in Appendix, Column 4, if filing under ULOE.				
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C – Question 1.				
			Type of		Dollar Amount
	Type of offering		Security		Sold
	Rule 505			_ 3	§
	Regulation A			_ `	\$
	Rule 504			_ 3	\$_ <u></u>
_	Total		·	- 3	\$
4.	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.				
	Transfer Agent's Fees			\$	<del></del>
	Printing and Engraving Costs			\$_	
	Legal Fees	· · · · · · · · · · · · · · · · · · ·		\$_	50,000
	Accounting Fees			\$	

50,000

Total .....

Other Expenses (identify) Expenses

	C. OFFERING PRICE, NUMBE	ER OF INVESTORS, EXPENS	ES AN	D USE OF PROCE	EEDS		
	b. Enter the difference between the aggregate offering pr total expenses furnished in response to Part C - Quest proceeds to the issuer."	ion 4.a. This difference is the	'adjust	ed gross		<b>s</b>	1,474,884
5.	Indicate below the amount of the adjusted gross proceed each of the purposes shown. If the amount for any purpose the box to the left of the estimate. The total of the proceeds to the issuer set forth in response to Part C - Que	ose is not known, furnish an esti- payments listed must equal the	mate ar	nd check			
				Payments to Officers, Directors & Affiliates			rments to Others
	Salaries and fees			\$	_ 🗆	<b>s</b>	
	Purchase of real estate			\$	_ 🗆	\$	
	Purchase, rental or leasing and installation of machine	ery and equipment		\$	_ 0	\$	
	Construction or leasing of plant buildings and facilities	2S		\$	_ 🛮	\$	
	Acquisition of other businesses (including the value o offering that may be used in exchange for the assets of pursuant to a merger)	or securities of another issuer	_	<b>s</b>		\$	
	Repayment of indebtedness			\$	_ 🗆	\$	
	Working capital		, 🗖	\$	_ ■	<b>s</b>	1,474,884
	Other (specify):		_ 🛮	\$	_ 🗆	\$	<del></del>
			_	\$	_ 0	<b>s</b>	<del></del>
	Column Totals			\$	_ =	\$	1,474,884
	Total Payments Listed (column totals added)			<b>s</b> _	1,474	<u>1,884</u>	
_		D. FEDERAL SIGNATURE					
sig	e issuer has duly caused this notice to be signed by the nature constitutes an undertaking by the issuer to furnish formation furnished by the issuer to any non-accredited inv	h to the U.S. Securities and Exc	hange	Commission, upon v			
	uer (Print or Type) rickfilter Technologies Inc.	Signature Loket O. S.	Da		Date April	<u>a B</u> 200	08
	me of Signer (Print or Type) bert O. Silco	Title of Signer (Print or Type) Co-Chief Executive Officer					

# **ATTENTION**

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

|--|

1. Is any party described in 17 CFR 230.262 presently subject to any of the disqualification provisions of such rule?... Yes No

See Appendix, Column 5, for state response.

- 2. The undersigned issuer hereby undertakes to furnish to any state administrator of any state in which this notice is filed, a notice on Form D (17 CFR 239.500) at such times as required by state law.
- The undersigned issuer hereby undertakes to furnish to the state administrators, upon written request, information furnished by the issuer to offerees.
- 4. The undersigned issuer represents that the issuer is familiar with the conditions that must be satisfied to be entitled to the Uniform Limited Offering Exemption (ULOE) of the state in which this notice is filed and understands that the issuer claiming the availability of this exemption has the burden of establishing that these conditions have been satisfied.

The issuer has read this notification and knows the contents to be true and has duly caused this notice to be signed on its behalf by the undersigned duly authorized person.

Issuer (Print or Type) Quickfilter Technologies Inc.	Signature Kolent O. Siele	Date April <u>28</u> , 2008
Name (Print or Type) Robert O. Silco	Title of Signer (Print or Type) Co-Chief Executive Officer	

#### Instruction:

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

### APPENDIX

1			3	<u> </u>	<del></del>	4			5		
	Intend to non-ac investors	credited in State	Type of security and aggregate offering price offered in state		Type of investor and amount purchased in State						
<u> </u>	(Part B-	Item 1)	(Part C-Item 1)		(Part C-Item 2)  Number of						
State	Yes	No	Series D Preferred Stock	Number of Accredited Investors	Amount	Number of Non- Accredited Investors	Amount	Yes	No		
AL	103		beiles D Treteffed Stock	1117631013	rinount	1111031013	Tunount	103	1,0		
AK			<del>-</del>								
AZ						-			1		
AR											
CA	-	X	\$3,038	1	\$3,038	0			X		
СО		X	\$1,578	1	\$1,578	0			X		
СТ											
DE					· · · · -						
DC											
FL		X	\$193,989	5	\$193,989	0		<u>.                                    </u>	X		
GA					-			_			
НІ			<del></del>								
ID								<del></del>			
IL											
IN											
IA					· · · · · · · · · · · · · · · · · · ·						
KS											
KY LA											
ME		<del></del>			<u> </u>	<del></del>					
MD											
MA		$-\frac{1}{x}$	\$735,949	1	\$735,949	0			X		
MI			W133,747		#133,747						
MN				<u> </u>							
MS						<u>.</u>			$\vdash$		
МО				<u> </u>			<del>  </del>				

# APPENDIX

1		2	3		4	<del></del>			5	
	Type of security  Intend to sell and aggregate to non-accredited offering price Type of investor and investors in State (Part B-Item 1) (Part C-Item 2)					Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E-Item 1)				
State	Yes	No	Series D Preferred Stock	Number of Accredited Investors	mber of Non- credited Accredited		Accredited		Yes	No
MT						_				
NE										
NV										
NH		X	\$13,157	1	\$13,157	0	<u> </u>			X
NJ		X	\$95,000	1	\$95,000	0				X
NM										
NY		Х	\$212,362	4	\$212,362	0				X
NC					,					1
ND										
ОН							<u> </u>			
OK										
OR		X	\$17,087	1	\$17,087	0	<u> </u>			X
PA	i 	X	\$195,965	1	\$195,965	0	1			X
RI										
SC								1		
SD							<u> </u>			
TN										
TX		X	\$56,759	3	\$56,759	0				X
UT										
VT										
VA										
WA					<del></del>					
WV										
WI										
WY			<del></del>			,	<del>                                     </del>			
PR										<u> </u>

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http://www.sec.gov/divisions/corpfin/forms/formd.htm Last update: 06/06/2002

**END**